YOUNG MAN WITH POSTRANDIAL EPIGASTRIC PAIN…

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43-year-old Caucasian male with history of gastroesophageal reflux disease, dyslipidemia and bipolar disorder presented with two years of progressively increasing postpradial abdominal pain. Pain was seven out of ten, epigastric, dull, was associated with mild nausea and thirty five pounds weight loss. Patient tried omeprazole with suboptimal response. Social history significant for tobacco use, smoking three cigarettes a day for 10 years. Family history was non-contributory with no history of premature coronary artery disease. Physical exam showed mild epigastric tenderness, no rebound, no guarding. Labs showed no anemia, normal liver function tests, normal amylase, lipase, ESR, ANA, normal complement and gastrin level, negative cryoglobulins and ANCA. Negative serology for infectious hepatitis and HIV. Stool for Helicobacter Pylori was negative. Lipid panel showed LDL 90, cholesterol/HDL ratio – 5.4. Abdominal CT scan was unremarkable except mild atherosclerotic changes. Endoscopy revealed multiple discrete ulcers in gastric antrum, duodenum showed diffuse ulceration of bulb. Colonoscopy unremarkable. Pathology was negative for malignancy but showed changes suggestive of ischemic enteritis. Follow up CT angiogram of the abdomen revealed celiac access with short segment proximal occlusions along with proximal superior mesenteric artery (SMA) and high-grade ostial stenos is of the inferior artery (IMA) consistent with mesenteric ischemia. Patient underwent successful angioplasty with bare metal stent placed in a celiac artery. SMI and IMA were not treated due to difficult access. Patient was initiated on aspirin, clopidogrel and atorvastatin. Patient noticed immediate improvement of abdominal pain. Six months after the procedure patient remained minimally symptomatic and gained 30 lb.

Discussion: Chronic mesenteric ischemia is an uncommon cause of abdominal pain, which is associated with hundred percent five-year mortality if left untreated. Most common etiology is atherosclerosis of abdominal vasculature. It usually observed in older females, with a known history of cardiovascular diseases, predominantly peripheral vascular diseases. Treatment is symptomatic patients includes surgical or mini-invasive approach with a latter having better outcomes. Sine our patient had no significant risk factors, except minimal smoking history, further evaluation with genetic testing in tertiary center may be beneficial.